

28th May, 2017, SUNDAY

Organized by:
Department of ENT
Dr. Shroff's Charity Eye Hospital

Our faculty:

Dear Colleagues,

The department of ENT at SCEH is delighted to announce "Navigation Guided Live surgical FESS Workshop" and invite you to come and be a part of this event. ENT is one of the fastest growing specialty & FESS is the most popular method for treating medicine-refractory sinonasal disease. Anatomical variations and extensive disease can make it a challenge to perform the safest and most effective sinus surgery. With the new technology such as the navigation system, surgeons can now overcome such problems and pilot the relative position of the operative instruments correctly in 3D. We are thus, proud and privileged to have such a session that will help gain in-depth knowledge and skills through the live surgical demonstrations and interactive sessions by renowned surgeons.

Invited Faculty



Dr. Sharad Maheshwari
Senior Consultant ENT
Max Super Specialty
Hospital, Patparganj



Dr. Satish Jain
Senior Consultant ENT &
Director
Jain ENT Hospital, Jaipur



Dr. Javed Ali
Consultant & Head, GSID
Consultant, Dept. Of OFPS
L.V. Prasad eye institute, Hyderabad
Adjunct Associate Professor,
University of Rochester, New York



Dr. Nishi Gupta
Organizing Head



Dr. Nidhi Dhawan
Co-Organizer



Dr. Neeraj Chawla
Organizing Secretary



Dr. Vidya Janaki R.
Organizing Team Member



Dr. Poonam Singla
Organizing Team Member



Dr. Sonil Jain
Organizing Team Member

Scientific Program Schedule

Live surgeries: 8:30 AM-6:00 PM

Venue:

Private Day Care Ward, Dr. Shroff's Charity Eye Hospital
5027, Kedarnath Road, Daryaganj, New Delhi-110002

Registrations Details:

Fees Per Delegate- *Rs. 1500/-

Contact : Dr. Neeraj Chawla – 9560164021

*Rs. 2000/- (on the spot registration)

E-mail- neerajchawla29@gmail.com

Registration Form

(Navigation Guided Live Surgical FESS Workshop)

Sunday, 28th May, 2017

Name:

Qualification:Designation:

Correspondence Address:

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Email ID:Telephone/Mobile NO.:

I, Dr. _____ hereby enclosing DD/Cheque
no. _____ of Rs. _____ drawn in favour of

Dr. Shroff's Charity Eye Hospital, payable at New Delhi along with this registration form.

(Signature)

For Direct Money Transfer >>>>

Bank Name: CENTRAL BANK OF INDIA

Account Holder's Bank Account No.: SAVING BANK ACCOUNT No.1119277188

Bank Address: 13-B, NETAJI SUBHASH MARG, DARYAGANJ, NEW DELHI- 110002

IFSC CODE: CBIN0280290 Swift Code No. CBININBBPAR

Account Holder Name: DR. SHROFF'S CHARITY EYE HOSPITAL

Account Holder Address: 5027 KEDAR NATH ROAD, DARYA GANJ, NEW DELHI- 110002

For further details, contact:

Dr. Neeraj Chawla

Organizing Secretary

Contact: +91-9560164021 E-mail: neerajchawla29@gmail.com